

AcademyHealth and the Commonwealth Fund Present

Taking Stock: Accountable Care Organizations in Minnesota

Tuesday, May 18, 2010

8:30 a.m. – 4:30 p.m.

MEETING SUMMARY

Objectives for the Summit:

- Develop an understanding of different approaches to care and payment redesign for achieving better patient value via accountable care organizations (ACOs), and their strengths and weaknesses;
- Explore the opportunities and barriers in moving from fee-for-service to accountable care models; and
- Discuss how the building blocks from the 2008 MN health reform law can be used in the transition.

Welcome and Introductions: Commissioner Dr. Sanne Magnan, MDH, and Commissioner Cal Ludeman, DHS welcomed the attendees. Commissioner Magnan thanked the Commonwealth Fund and AcademyHealth for sponsoring the meeting. She said that health reform efforts are directed towards building care that is accountable for value, noting that there is no magic bullet that will get us to better value. Today is intended to take stock, discuss ideas. Attendees introduced themselves.

Opening Address: Overview of Care Redesign and Payment Reform Models – Harold Miller, Network for Regional Healthcare Improvement (PowerPoint slides available). Harold Miller presented an overview making the case for a change in the way healthcare services are reimbursed and provided examples of different types of ACOs and other types of payment reform and care redesign. He also highlighted ways to think about transition.

Achieving Better Patient Value from Different Perspectives. Panel presentations and discussion.

- Donna Zimmerman and George Isham, HealthPartners – Perspective of a health plan and a medical group: Donna and George provided an overview of the HealthPartners health plan general approach to total cost and quality of care. They also provided some background on the collaboration project between HealthPartners (health plan), HealthPartners Medical Group (HPMG), and Allina-Mercy Hospital. PowerPoint slides are available.
- John Allen, MN Gastroenterology – Perspective of an independent practice: John presented some information about Minnesota Gastroenterology and highlighted some of the opportunities, examples of quality measures, and accompanying challenges in integrating an independent practice group into an ACO framework. PowerPoint slides are available.
- Dave Moen, Fairview Health Services – Perspective of a primary care practice: Dave talked about the Fairview-Medica collaboration focused on redesigning care in primary care clinics. He highlighted the keys to success being adaptive leadership, taking ownership of a broken system, and collaboration amongst all stakeholders. No PowerPoint slides were used.
- Charlie Montreuil, Best Buy- Perspective of an employer and consumer: Charlie pointedly reminded the audience about how health care was not using technology that other industries were using as well as we were not paying attention to prevention strategies. He cited his own personal stories to illustrate the inadequacies of the current system. He reminded members of the audience the Patient Choice model from the late 1980s that resembled current discussions around the creation of ACO-like models. Best Buy continues to focus on how to create better healthcare value for its employees. PowerPoint slides available.

Summary of morning discussion – Harold Miller: Harold asked the attendees to identify some answers to some questions: What set of population to aim for? Attendees thought new models should be for all patients, but adjusted for different populations. What types of providers, and where? Attendees responded by saying

all providers, but with flexibility for change and growth over time. Harold then provided an overview of the breakout sessions which were selected from the pre-survey of topics which were of greatest interest for opportunities and/or barriers. They included: Payment changes, Benefit design and consumer incentives, ACO qualifications, and Quality measurement and improvement. Attendees broke to get lunch and move to breakout rooms.

Afternoon Plenary Session.

- Ideas that were reported from breakout groups:
 - Payment reform: No PowerPoint slides were used for reporting out. Session responses to questions:
 - What (if anything) needs to be similar across all payers? Consumer incentives to maintain health. Resources/services to support health improvement (through provider instead of health plan). Pay for outcomes vs. pay for specific services, with standard definitions of outcomes measures.
 - What changes to the FFS system are necessary? Cut rates for specialty/hospital care (outside of outcome payment). Cut rates where utilization is high. Change MD compensation structure. Reweight FFS RVU system for primary care. Shared savings. More flexible options.
 - What should be the same across providers and payers? Flexibility for innovation. Same universe of outcomes measures. Transparency. Similar/same way of paying based on outcomes.
 - How to pay for Triple Aim outcomes? Shift market share (if price is right and excess capacity exists). Different payment amounts for different outcomes. Payment for condition, not treatment. Preserve choice of providers.
 - Benefit design and consumer incentives: See PowerPoint slide.
 - ACO qualifications: See PowerPoint slide.
 - Quality measurement and improvement: No PowerPoint slides were used for reporting out.
 - The breakout group agreed that broader measures were needed, not condition-specific, but patient-centered, such as patient experience and measures of well-being for both patients and providers.
 - In terms of cost, the group identified the future use of Provider Peer Grouping as a mechanism for measuring overall value.
 - An educational process should be developed with providers; how can we bring the “productivity sciences” into the clinical environment?
- No decisions were made by the break-out groups.
- Critical issues to be addressed: Harold asked the group to identify outstanding issues that are in need of further discussion. Attendees responded with: How long term care fits into models, removing barriers to getting clinical and administrative data, legal issues such as anti-trust concerns, how ERISA plans fit into models, what we should be doing to get consumers ready for change and the use of technology to make navigating healthcare system easier.

Closing Comments: Commissioner Magnan and Commissioner Ludeman thanked the audience for attending the meeting. They both are looking to stakeholders to keep the discussion moving, whether it may be professional associations, Smart Buy Alliance, ICSI, MNCM as well as potential task forces. Will likely be an organic, step-wise process.